

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number 10563729		Filing Date	
								Applicant(s) Mou Chen			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	
1	1		---	---							
2		1	---	---							
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Total Indep	1		2		0						
Total Depend	3		2		0						
Total Claims	4		4		0						